

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

EG/625 828
APPLICANT(S)

FILING DATE

EG-29-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9	1						59						
10		1					60						
11		1					61						
12		1					62						
13		1					63						
14		1					64						
15	1	1					65						
16	1	1					66						
17	1	1					67						
18	1	1					68						
19	1	1					69						
20	1	1					70						
21	1	1					71						
22	1	1					72						
23	1	1					73						
24	1	1					74						
25	1	1					75						
26	1	1					76						
27	1	1					77						
28	1	1					78						
29	1	1					79						
30	1	1					80						
31	1	1					81						
32	1	1					82						
33	1	1					83						
34	1	1					84						
35	1	1					85						
36	1	1					86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7						TOTAL IND.						
TOTAL DEP.	15						TOTAL DEP.						
TOTAL CLAIMS	22						TOTAL CLAIMS						